

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>6584</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>05</u> Through <u>12</u> / <u>31</u> / <u>05</u>
3 Name and address of person filing Name <u>ANTHONY</u> <input checked="" type="checkbox"/> <u>MIRARCHI</u> P O Box, Bldg., Room No., if any _____ Street <u>2349 CYPRESS DR</u> City <u>HARRISBURG</u> State <u>PA</u> ZIP Code + 4 <u>17110</u>	4 Name file number and address of labor organization. Name <u>BAC LOCAL #5 PA</u> Labor Organization File Number <u>537253</u> P O Box, Building and Room Number if any _____ Street <u>2163 BERRYHILL ST</u> City <u>HARRISBURG</u> State <u>PA</u> ZIP Code + 4 <u>17104</u>
5. Position in labor organization. <u>FIELD REPRESENTATIVE/APPRENTICE COORDINATOR</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any: _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Anthony V Mirarchi</u>	On <u>3/27/2006</u> Date	<u>717 526-4832</u> Telephone Number

8. Name and address of Business (including trade name, if any).

Trade Name, if any

P O Box, Bldg Room No If any

Street 42 EAST STREET

City ANNAPOLIS

State MARYLAND ZIP Code + 4 21401

9 Business deals with.

☒ a. Labor Organization

☐ **b. Trust**

☐ c Employer

10. If 9 b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name if any

P O, Box, Bldg. Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

CONTRIBUTION TO EMPLOYEE BENEFIT TRUST FUND

11 b Approximate dollar value of such dealing

1,257,100 00

12.a. Nature of interest held or income received

EDUCATION REIMBURSEMENT

12.b. Amount.

649.35

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.